

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10/786610

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	48	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	48 minus 20 =	* 28
INDEPENDENT CLAIMS	14 minus 3 =	* 11
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR
OTHER THAN
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X\$ 9=		OR	X\$18=	504
X43=		OR	X86=	946
+145=		OR	+290=	0
TOTAL		OR	TOTAL	2220

CLAIMS AS AMENDED - PART II

6/30/06

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total	* 18	Minus	** 48		=
Independent	* 24	Minus	*** 14		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

1. 12. 21. 30. 32. 34. 36. 37. 38. 39. 40.
41. 42. 43.

| | (Column 1) | | (Column 2) | | (Column 3) |
|---|----------------------------------|-------|------------------------------------|--|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| Total | * | Minus | ** | | = |
| Independent | * | Minus | *** | | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | |

| RATE | ADDI-
TIONAL
FEE | | RATE | ADDI-
TIONAL
FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9= | | OR | X\$18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL
ADDIT. FEE | | OR | TOTAL
ADDIT. FEE | |

| | (Column 1) | | (Column 2) | | (Column 3) |
|---|----------------------------------|-------|------------------------------------|--|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| Total | * | Minus | ** | | = |
| Independent | * | Minus | *** | | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | |

| RATE | ADDI-
TIONAL
FEE | | RATE | ADDI-
TIONAL
FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9= | | OR | X\$18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL
ADDIT. FEE | | OR | TOTAL
ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.